

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

89/509808

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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20						
21						
22						
23						
24			1		1	
25			1/2		1/2	
26			2		2	
27			2		2	
28			2		2	
29			2		2	
30			2		2	
31			1		1	
32			2		2	
33			1		1	
34			1		1	
35			1		1	
36			1		1	
37			1		1	
38			1		1	
39			1		1	
40			1		1	
41			1		1	
42			1		1	
43			2		2	
44			2		2	
45			1		1	
46			1		1	
47						
48						
49						
50						
TOTAL IND.			1		1	
TOTAL DEP.			30		28	
TOTAL CLAIMS			31		29	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY